

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1943
313

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5054

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4014 Connecticut Street.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Clarence Gunckel

3. (b) If veteran, name war None 3. (c) Social Security No. 713-01-0957

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Gunckel 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 23 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 8 hr. min.

9. Birthplace Lafayette Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

12. Name John P. Gunckel
 13. Birthplace Butler County Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Wade
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Wade Gunckel(b) Address 4014 Connecticut Street.

17. (a) Removal (b) Date thereof 6/1/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indianaopolis, Indiana18. (a) Signature of funeral director Albert H. Hoppe, Inc(b) Address 4700 Washington Blvd.,

19. (a) JUN 1 1943 (b) J. F. Budreck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4014 Connecticut Street.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
 year 1943 hour 5 minute 10 a. M.

21. I hereby certify that I attended the deceased from 5/9 1943 to 5/29 1943
 that I last saw him alive on 5/29 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditisDue to Chronic nephritisDue to Arteriosclerosis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas. D. West (M. D. or other)Address 3102 South Grand Date signed 6/1/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert W. Nappé

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.